

**FSIS 400 Authorized Representative (SLAR and SLAI)**

Change #1-2011

August 1, 2011

**400.01 GENERAL**

An authorized representative is one who can apply for, obtain, and/or use Food and Nutrition Services benefits on behalf of the Food and Nutrition Services unit. An authorized representative subsystem is available in FSIS to accommodate EBTIS in issuing electronic benefits to authorized representatives.

When a FSIS case closes and an authorized representative is assigned, the authorized representative must be inactivated. The worker must deactivate the authorized representative. The system does not automatically deactivate.

The authorized representative subsystem consists of two transactions. Transaction **SLAR** is used to search, add, or update information on authorized representatives. Transaction **SLAI** is an inquiry function into the authorized representative subsystem.

**400.02 SYSTEM ACCESS AND PROCESSING**

**A. SLAR**

1. Accessing the SLAR Transaction

Log on to SCC1CICS (CICSSCCI for TCPIP sessions). Enter 'S' beside the 'SLAR' item number from the Food Stamp update menu. Press Enter. The following screen appears.

SLA310A	AUTHORIZED REPRESENTATIVE SYSTEM ADD/UPDATE	01/07/98 16:16:38
SELECT AN OPTION: _		
1. ADD/UPDATE AN AUTHORIZED REPRESENTATIVE 2. ADD/UPDATE AN AUTHORIZED REP FOR A DRUG TREATMENT CENTER 3. UPDATE AUTHORIZED REPRESENTATIVE FOR FSIS ID: _____		
MESSAGES: Press 'ENTER' KEY TO PROCESS		PF3: CANCEL

2. Add/Search For An Authorized Representative

To add a new authorized representative, key '1' at SELECT AN OPTION. Press Enter. The following screen appears.

North Carolina Department of Health and Human  
Division of Social Services  
Economic Services Section  
Food Stamp User's Manual

**Change #2-2002      AUTHORIZED REPRESENTATIVE (SLAR AND SLAI)      December 1, 2002**

SLA311A	SEARCH DATA BASE FOR AUTHORIZED REPRESENTATIVE	01/07/98
	ADD/UPDATE	16:41:46

SSN	FIRST-NAME MI LAST-NAME	SUF	DOB	S R
_____	_____	_____	_____	_____

FOR SPECIFIC SSN SEARCH: ENTER ONLY THE SSN  
FOR NAME LIST SEARCH: ENTER THE MINIMUM OF FIRST NAME, LAST NAME, AND SEX

MESSAGES:

ENTER:PROCESS	PF3: PREV SCREEN	PF12: MAIN MENU
---------------	------------------	-----------------

A search must be performed on the authorized representative by either SSN or name before you can add/update an authorized representative.

a.     SSN Search

To perform an SSN search, enter only the SSN as shown below:

SLA311A	SEARCH DATABASE FOR AUTHORIZED REPRESENTATIVE	01/07/98
	ADD/UPDATE	16:41:46

SSN	FIRST-NAME MI LAST-NAME	SUF	DOB	S R
<u>123456789</u>	_____	_____	_____	_____

FOR SPECIFIC SSN SEARCH: ENTER ONLY THE SSN  
FOR NAME LIST SEARCH: ENTER THE MINIMUM OF FIRST NAME, LAST NAME, AND SEX  
MESSAGES:

ENTER:PROCESS	PF3: PREV SCREEN	PF12: MAIN MENU
---------------	------------------	-----------------

Press Enter. If the SSN is not known to the system, the following screen and Message appears.

SLA311A	RESULTS OF SEARCH FOR AUTHORIZED REPRESENTATIVE	01/07/98
	ADD/UPDATE	17:08:37

S	FIRST	MI	LAST NAME	SUF	SSN	DOB	SEX	RACE	ADDR1	REP#
MESSAGES: SLA314-NO MATCH ON SELECTION										

"S" ENTER: DETAIL PF2:ADD REP PF3:PREV SCR PF7:BKWD PF8:FWD PF12:MAIN

North Carolina Department of Health and Human  
Division of Social Services  
Economic Independence Section  
Food Stamp User's Manual

**Change #1-2001      AUTHORIZED REPRESENTATIVE (SLAR AND SLAI)      September 1, 2001**

b. Name Search

To complete a name search, the minimum data required is first name, last name, and sex.

SLA311A SEARCH DATABASE FOR AUTHORIZED REPRESENTATIVE ADD/UPDATE								01/07/98	16:41:46
SSN	FIRST-NAME	MI	LAST-NAME	SUF	DOB	S	R		
_____	HUMPTY	____	DUMPTY	_____	____	____	M	_____	
FOR SPECIFIC SSN SEARCH: ENTER ONLY THE SSN FOR NAME LIST SEARCH: ENTER THE MINIMUM OF FIRST NAME, LAST NAME, AND SEX									
MESSAGES: ENTER: PROCESS      PF3: PREV SCREEN      PF12: MAIN MENU									

Press Enter. If the name is not known to the system, the following screen and Message appears.

SLA314A RESULTS OF SEARCH FOR AUTHORIZED REPRESENTATIVE ADD/UPDATE								01/07/98	17:08:37	
S	FIRST	MI	LAST-NAME	SUF	SSN	DOB	SEX	RACE	ADDRI	REP#
MESSAGES: SLA314-NO MATCH ON SELECTION "S"&ENTER: DETAIL PF2: ADD REP PF3: PREV SCR PF7:BKWD PF8:FWD PF12:MAIN										

3. Adding the New Authorized Representative

Enter the Pf2 key to Add Rep. The following screen appears. (An FSIS case cannot have more than 2 active authorized representatives at any time.)

North Carolina Department of Health and Human  
Division of Social Services  
Economic Independence Section  
Food Stamp User's Manual

Change #1-2011

**AUTHORIZED REPRESENTATIVE (SLAR AND SLAI)**

August 1, 2011

SLA316A	DETAIL FOR SELECTED AUTHORIZED REPRESENTATIVE			01/08/98
ADD/UPDATE				11:29:10
AUTH REP #: SSN: DELETE STATUS: ("Y" IF DELETE SCHEDULED)				
FIRST:	MI:	LAST:	SUFF:	
ADDR1:				ADDR2:
CITY:	STATE:	ZIP:		
PHONE:	SEX:	RACE:	DOB:	
PGM VIOL:	PGM VIOL BEGIN:			
DTC#	DTC NAME	DTC#	DTC NAME	
MESSAGES:				
ENTER TO PROCESS	PF2:ASSIGN REP TO FSIS ID		PF3:PREV SCREEN	
PF5 :SHOW CASES	PF7:BKWD	PF8:FWD	PF12:MAIN MENU	

Enter the following fields.

- a. Auth Rep#: System generated.
- b. SSN: Required
- c. Delete Status: - Leave blank. This field should only be keyed 'Y' when the authorized representative has been entered in error. To erase an entry in this field, you must use the delete key, not the space bar.
- d. First name, MI, Last Name, Suffix: - Required
- e. Addr1: - Required
- f. Addr2: - Optional
- g. City, State, Zip: - Required
- h. Phone: - Required. (If no phone, enter a contact number.)
- i. Sex, Race, DOB: - Required
- j. PGM Viol (Program Violation): - System generated. A 'Y' in this field indicates the individual is disqualified from the Food and Nutrition Services Program. A file is read on-line for an initial add of an authorized representative. A file is read nightly whenever any updates/changes are made to an authorized representative.

**NOTE:** If the DSS Director allows this individual to be the FSU's authorized representative, you must key 'Y' in the 'Override' field.

North Carolina Department of Health and Human  
Division of Social Services  
Economic Independence Section  
Food Stamp User's Manual

**Change #2-2006 AUTHORIZED REPRESENTATIVE (SLAR AND SLAI) September 1, 2006**

- k. PGM Viol Begin (Program Violation Begin Date): - System generated.
- l. DTC# (Drug Treatment Center Number): System generated.
- m. DTC Name (Drug Treatment Center Name): System generated.

Press Enter. The Message, \*\*\*PRESS ENTER TO UPDATE, appears at the bottom of the screen for confirmation, as shown below.

SLA316A DETAIL FOR SELECTED AUTHORIZED REPRESENTATIVE 01/08/98  
ADD/UPDATE 11:29:10

AUTH REP#: SSN: 123456789 DELETE STATUS: ("Y" IF DELETE SCHEDULED)  
FIRST: HUMPTY MI: LAST: DUMPTY SUFF:  
ADDR1: 222 FAIRYTALE LANE ADDR2:  
CITY: RALEIGH STATE: NC ZIP: 27603  
PHONE: 919 733 5555 SEX: M RACE: W DOB: 03 11 1946  
PGM VIOL: PGM VIOL BEGIN:  
DTC# DTC NAME DTC# DTC NAME

MESSAGES: \*\*\* PRESS ENTER TO UPDATE

ENTER TO PROCESS PF2: ASSIGN REP TO FSIS ID PF3:PREV SCREEN  
PF5 :SHOW CASES PF7:BKWD PF8:FWD PF12:MAIN MENU

You MUST PRESS ENTER AGAIN to add the authorized representative. A confirmation Message is displayed at the bottom of the screen, \*\*\* NEW AUTH REP ADDED.

**NOTE:** The Message ACTIVE A/R appears in the upper right corner on the SLIN screen for the FSIS case.

North Carolina Department of Health and Human  
Division of Social Services  
Economic Independence Section  
Food Stamp User's Manual

**Change #1-2011      AUTHORIZED REPRESENTATIVE (SLAR AND SLAI)      August 1, 2011**

4. Assigning An Authorized Representative To An FSIS Case ID

On the screen above, press PF2 to assign the authorized representative to an FSIS case ID. The following screen appears.

SLA313A	ADD AUTH REP/ADTC TO CASE	01/08/98
	ADD ONLY	12:26:55
AUTH REP#:000022 SSN: 123456789 DELETE STATUS: ("Y" IF DELETE SCHEDULED)		
FIRST:	HUMPTY_____ MI:_	LAST: DUMPTY_____ SUFF:_____
ADDR1:	222 FAIRYTALE LANE_____	ADDR2:_____
CITY:	RALEIGH_____ STATE: NC	ZIP:27603_____
PHONE:	919-733-5555 SEX: M	RACE: W DOB: 03 11 1946
FSIS ID:	HOH:_____	COUNTY:_____
ACTIVE/INACTIVE STATUS:_____		OVERRIDE:_____ OVERRIDE DATE:_____
AUTH TYPE: (APPLIC=A, USAGE= U, BOTH=B)		
PROHIB STATUS:	PROHIB NOTICE SENT:_____	PROHIB BEGIN:_____
ADD DATE:_____		
LAST RACF ID:_____		
MESSAGES:_____		
ENTER: PROCESS PF3: PREV SCREEN PF12: MAIN MENU		

Enter the following fields:

a. FSIS Case ID

b. Active/Active Status. Enter:

'A' for active. Active status indicates the authorized representative is currently authorized to act on behalf of the FSU.

'I' for inactive. Inactive status indicates the authorized representative is no longer authorized to act on behalf of the FSU.

c. Override: Optional. This field is used if the DSS Director allows an individual who has a program violation to act as the authorized representative.

**NOTE:** Once all required fields are entered on this screen and the Enter key is pressed, the Disqualified Recipients file is automatically read using the SSN as the key. If a record is found, the 'Program Violation' field will automatically display a 'Y'. If the DSS Director allows this individual to be the FSU's authorized representative, you must key 'Y' in the 'Override' field.

d. Auth Type (Authorization Type): Enter:

(1) 'A' for authorization to make application;

(2) 'U' for authorization for using the Food and Nutrition Services benefits; or

North Carolina Department of Health and Human  
Division of Social Services  
Economic Independence Section  
Food Stamp User's Manual

Change #1-2011      AUTHORIZED REPRESENTATIVE (SLAR AND SLAI)      August 1, 2011

(3) 'B' for authorization to make application and for using the Food and Nutrition Services benefits.

e. Prohib Status (Prohibited Status): Optional. This field identifies individuals prohibited from being the authorized representative for one year due to:

(1) Providing false information;  
(2) Misrepresenting the FSU's circumstances; or  
(3) Improperly using the food stamp benefits.

The valid entries for this field are 'Y' or space. If a "Y" is keyed in this field, the ACTIVE/INACTIVE STATUS field must be changed to an 'I.'

Press Enter. The Message, 313-PRESS ENTER TO UPDATE, appears at the bottom of the screen for confirmation. You MUST PRESS ENTER AGAIN. The following screen and Message appears.

SLA313A	ADD AUTH REP/ADTC TO CASE	01/08/98
	ADD ONLY	12:26:55
AUTH REP#: 000031 SSN: 1111111111 DELETE STATUS:_(“Y” IF DELETE SCHEDULED)		
FIRST:	RAIN	MI:_ LAST: MAKER SUFF: __
ADDR1:	695 PALMER DRIVE	ADDR2:_____
CITY:	RALEIGH	STATE: NC ZIP:27603-
PHONE:	919-733-8931	SEX: M RACE: W DOB:08 07 1959
PGM VIOL:	PGM VIOL BEGIN:	
FSIS ID:	123456789	HOH: Jane Doe COUNTY: 92
ACTIVE/INACTIVE STATUS: A OVERRIDE: OVERRIDE DATE:		
AUTH TYPE:	B (APPLIC=A, USAGE=U, BOTH=B	
PROHIB STATUS:	PROHIB NOTICE SENT:	PROHIB BEGIN:
ADD DATE:	01 08 1998	
LAST RACF ID: TS36PXX		
MESSAGES: 313-ADD SUCCESSFUL		
ENTER: PROCESS	PF3: PREV SCREEN	PF12;MAIN MENU

Press PF3 to return to the previous screen to assign other FSIS cases to this authorized representative, or PF12 to the Main Menu.

5. Add/Update Authorized Representative For a Drug Treatment Center

Key '2' in the SELECT AN OPTION field. Press Enter.

The following screen appears.

North Carolina Department of Health and Human  
 Division of Social Services  
 Economic Independence Section  
 Food Stamp User's Manual

**Change #2-2006**

**AUTHORIZED REPRESENTATIVE (SLAR AND SLAI)**

**September 1, 2006**

SLA312A	SEARCH DATABASE FOR DRUG CENTER ADD/UPDATE	01/15/98 11:08:10
DRUG CENTER NAME _____		
MESSAGES		
ENTER:PROCESS	PF3: PREV SCREEN	PF12:MAIN MENU

Key the drug center name. Press Enter. The following screen is displayed if the drug treatment center is not known in the SLAR subsystem.

SLA315A	RESULTS OF SEARCH FOR DRUG TREATMENT CENTER ADD/UPDATE	01/16/98 10:28:16
S	DTC DTC NAME # PHONE	ADDRESS CITY ST ZIP
MESSAGES: SLA315-NO MATCH FOUND		
"S"&ENTER: DETAIL PF2: ADD ADTC PF3:PREV SCR PF7:BKWD PF8: FWD PF12:MAIN		

Press PF2 to add the drug treatment center to the system. The following screen appears.

SLA317A	DETAILS FOR SELECTED DRUG TREATMENT CENTER ADD/UPDATE	01/16/98 10:38:34
ADTC#:	DELETE STATUS: ("Y" IF DELETE SCHEDULED)	
ADTC NAME:		
ADDR1:	ADDR2:	
CITY	STATE:	ZIP:
PHONE:	COUNTY:	
AUTH REP#:	SSN:	
FIRST:	MI:	LAST:
PGM VIOL:	SUFF	
ADD DATE:	UPDT DATE: LAST RACF ID:	
MESSAGES:		
ENTER: PROCESS PF2: ASSIGN NEW CASE PF3:PREV SCREEN PF4:AUTH REP MAINT PF5:SHOW CASES PF12:MAIN MENU		

Enter the following fields.

- a. ADTC#: System generated.
- b. Delete Status: Leave blank. This field should only be keyed 'Y' when the ADTC has been entered in error. To erase an entry in this field, you must use the delete key, not the space bar.

North Carolina Department of Health and Human  
Division of Social Services  
Economic Independence Section  
Food Stamp User's Manual

**Change #2-2006      AUTHORIZED REPRESENTATIVE (SLAR AND SLAI)      September 1, 2006**

- c. ADTC Name: Required.
- d. ADDR1: Required.
- e. ADDR2: Optional.
- f. City, State, Zip: Required.
- g. Phone: Required. (If no phone, enter a contact number.)
- h. County: Required two-digit county number.

Press Enter. The following screen is displayed with message at the bottom of the screen, 317-ADD SUCCESSFUL.

SLA317A	DETAILS FOR SELECTED DRUG TREATMENT CENTER	01/16/98
	ADD/UPDATE	10:38:34
ADTC#: 003	DELETE STATUS: ("Y" IF DELETE SCHEDULED)	
ADTC NAME: CHARTER RIDGE HOSPITAL		
ADDR1: ANDERSON HALL, ROOM 247	ADDR2:	
CITY: RALEIGH	STATE: NC ZIP: 27603	
PHONE: 919 733 2222	COUNTY: 92	
AUTH REP#:	SSN:	
FIRST:	MI:	LAST:
PGM VIOL:	PGM VIOL BEGIN:	SUFF:
ADD DATE: 01 16 1998	UPDT DATE:	LAST RACF ID: TS36PXX
MESSAGES: 317-ADD SUCCESSFUL		
ENTER: PROCESS PF2: ASSIGN NEW CASE PF3:PREV SCREEN PF4:AUTH REP MAINT		
PF5:SHOW CASES PF12:MAIN MENU		

**6. Add/Assign An Authorized Representative For a Drug Treatment Center**

**NOTE:** We recommend that only one person in each county be authorized to add drug treatment centers to the SLAR table using the following instructions. We further recommend that this individual provide county workers with a listing of the ADTC's for their county. This prevents multiple names for the same ADTC.

To assign an authorized representative to the ADTC, press PF4 from the above screen. Screen SLA311A, SEARCH DATABASE FOR AUTHORIZED REPRESENTATIVE ADD/UPDATE, is displayed. Remember, a search must be performed on the authorized representative by either SSN or name before you can add/update an authorized representative to an ADTC.

Once the authorized representative has been added, the system displays Message, \*\*\*NEW AUTH REP ADDED. To assign the authorized representative to the ADTC, press PF2. The following screen is displayed once PF2 has been pressed.

North Carolina Department of Health and Human  
Division of Social Services  
Economic Independence Section  
Food Stamp User's Manual

---

**Change #2-2006**

**AUTHORIZED REPRESENTATIVE (SLAR AND SLAI)**

September 1, 2006

SLA317A DETAILS FOR SELECTED DRUG TREATMENT CENTER 01/15/98  
ADD/UPDATE 11:24:57

ADTC#:0003 DELETE STATUS: ("Y" IF DELETE SCHEDULED)  
ADTC NAME: CHARTER RIDGE HOSPITAL  
ADDR1: ANDERSON HALL ROOM 247 ADDR2:  
CITY: RALEIGH STATE: NC ZIP: 27603  
PHONE: 919 733 2222 COUNTY: 92  
AUTH REP#: 000050 SSN: 636363636  
FIRST: KAYE MI: C LAST: FEELS SUFF:  
PGM VIOL: PGM VIOL BEGIN:  
ADD DATE: 01 15 1998 UPDT DATE: 01 27 1998 LAST RACF ID:TS36PXX

MESSAGES: 317-UPDATE SUCCESSFUL

ENTER:PROCESS PF2: ASSIGN NEW CASE PF3:PREV SCREEN PF4:AUTH REP MAINT  
PF5:SHOW CASES PF12:MAIN MENU

To assign cases to this drug treatment center and authorized representative, press PF2. The following screen appears.

SLA313A                    ADD AUTH REP/ADTC TO CASE                    01/27/98  
                              ADD ONLY    11:02:12  
ADTC#: 0003    DELETE STATUS: ("Y" IF DELETE SCHEDULED)  
ADTC NAME: CHARTER RIDGE HOSPITAL  
AUTH REP#: 000050            SSN: 875875875                            DELETE STATUS: ("Y" IF DELETE SCHEDULED)  
FIRST: MICHAEL              MI:    LAST: JORDAN                                    SUFF:  
ADDR1: ANDERSON HALL ROOM 247    ADDR2:  
CITY: RALEIGH                STATE: NC                                    ZIP: 27603  
PHONE: 919-733-2222        SEX: M    RACE: B DOB: 05 01 1958  
PGM VIOL:                    PGM VIOL BEGIN:  
FSIS ID:                    HOH:    COUNTY:  
ACTIVE/INCTIVE STATUS:     OVERRIDE:                                    OVERRIDE DATE:  
AUTH TYPE:                  PROHIB NOTICE SENT:                            PROHIB BEGIN:  
ADD DATE:  
LAST RACF ID:  
MESSAGES:  
ENTER: PROCESS              PF3: PREV SCREEN                            PF12: MAIN MENU

Update this screen following the instructions in B. 4. Press Enter. The Message, '313-PRESS ENTER TO UPDATE', appears at the bottom of the screen for confirmation, as shown below.

North Carolina Department of Health and Human  
 Division of Social Services  
 Economic Independence Section  
 Food Stamp User's Manual

**Change #2-2006      AUTHORIZED REPRESENTATIVE (SLAR AND SLAI)      September 1, 2006**

SLA313A	ADD AUTH REP/ADTC TO CASE ADD ONLY	01/27/98 11:06:43
ADTC#: 0003	DELETE STATUS: ("Y" IF DELETE SCHEDULED)	
ADTC NAME: CHARTER RIDGE HOSPITAL		
AUTH REP#: 000050	SSN: 875875875	DELETE STATUS: ("Y" IF DELETE SCHEDULED)
FIRST: MICHAEL	MI:	LAST: JORDAN
ADDR1: ANDERSON HALL ROOM 247	ADDR2:	SUFF:
CITY: RALEIGH	STATE: NC	ZIP: 27603
PHONE: 919-733-2222	SEX: M	RACE: B DOB: 05 01 1958
PGM VIOL:	PGM VIOL BEGIN:	
FSIS ID: 22222222	HOH: MARIKA LOCKLEAR	COUNTY: 78
ACTIVE/INACTIVE STATUS: A	OVERRIDE: OVERRIDE DATE:	
AUTH TYPE: B (APPLIC=A, USAGE=U, BOTH =B)		
PROHIB STATUS::	PROHIB NOTICE SENT:	PROHIB BEGIN:
ADD DATE:		
LAST RACF ID:		
MESSAGES: 313-PRESS ENTER TO UPDATE		
ENTER: PROCESS PF3: PREV SCREEN PF12: MAIN MENU		

You must **PRESS ENTER AGAIN** to add the FSIS case to the drug treatment center and authorized representative. A confirmation Message is displayed at the bottom of the screen, 313-ADD SUCCESSFUL.

SLA313A	ADD AUTH REP/ADTC TO CASE ADD ONLY	01/27/98 11:06:43
ADTC#: 0003	DELETE STATUS: ("Y" IF DELETE SCHEDULED)	
ADTC NAME: CHARTER RIDGE HOSPITAL		
AUTH REP#: 000050	SSN: 875875875	DELETE STATUS: ("Y" IF DELETE SCHEDULED)
FIRST: MICHAEL	MI:	LAST: JORDAN
ADDR1: ANDERSON HALL ROOM 247	ADDR2:	SUFF:
CITY: RALEIGH	STATE: NC	ZIP: 27603
PHONE: 919-733-2222	SEX: M	RACE: B DOB:
PGM VIOL:	PGM VIOL BEGIN:	
FSIS ID: 22222222	HOH: MARIKA LOCKLEAR	COUNTY: 78
ACTIVE/INACTIVE STATUS: A	OVERRIDE: OVERRIDE DATE:	
AUTH TYPE: B (APPLIC = A, USAGE = U, BOTH = B)		
PROHIB STATUS:	PORHIB NOTICE SENT:	PROHIB BEGIN:
ADD DATE: 01 27 1998		
LAST RACF ID: TS36XXX		
MESSAGES: 313-ADD SUCCESSFUL		
ENTER: PROCESS PF3: PREV SCREEN PF12: MAIN MENU		

**NOTE:** The SLII screen displays a 'Y' in the ADTC field. To view the tri-monthly issuances, enter an 'S' and press Enter.

#### 7. Updating An Authorized Representative

You must use the SLAR transaction to make changes to an authorized representative's information.

North Carolina Department of Health and Human  
Division of Social Services  
Economic Independence Section  
Food Stamp User's Manual

**Change #2-2006**

**AUTHORIZED REPRESENTATIVE (SLAR AND SLAI)**

**September 1, 2006**

There are certain fields that you cannot key. These fields are protected. In most instances, the cursor skips these fields.

The system displays messages and function keys at the bottom of the screen. Read these carefully before proceeding to the next screen.

To make changes, key '1' in the SELECT AN OPTION field.

Press Enter. The following screen appears:

SLA311A	SEARCH DATABASE FOR AUTHORIZED REPRESENTATIVE ADD/UPDATE						01/07/98
SSN	FIRST-NAME	MI	LAST-NAME	SUF	DOB	S	R
123456789	_____	_____	_____	_____	_____	—	—
FOR SPECIFIC SSN SEARCH: ENTER ONLY THE SSN FOR NAME LIST SEARCH: ENTER THE MINIMUM OF FIRST NAME, LAST NAME, AND SEX							
MESSAGES: ENTER: PROCESS PF3: PREV SCREEN PF12: MAIN MENU							

You must key the authorized representative's SSN or First Name, Last Name, and Sex code. Press Enter.

The following screen appears.

SLA314A	RESULTS OF SEARCH FOR AUTHORIZED REPRESENTATIVE ADD/UPDATE						01/07/98			
S	FIRST	MI	LAST NAME	SUF	SSN	DOB	SEX	RACE	ADDR1	REP#
SILVER	METAL		123456789	09071952	F		W	ANDERSON HALL	000011	
MESSAGES: "S"&ENTER: DETAIL PF2: ADD REP PF3: PREV SCR PF7: BKWD PF8: FWDPF12:MAIN										

You must key 'S' under the SEARCH FUNCTION field. Press Enter.

You may only key changes to the following fields:

- a. Name
- b. Address
- c. Telephone Number
- d. Sex
- e. Race
- f. Date of Birth

Key the data you wish to change.

North Carolina Department of Health and Human  
Division of Social Services  
Economic Independence Section  
Food Stamp User's Manual

**Change #2-2006**

**AUTHORIZED REPRESENTATIVE (SLAR AND SLAI)**

**September 1, 2006**

Press Enter to update. The following screen is displayed with the message at the bottom of the screen, \*\*\*AUTH REP UPDATED.

SLA316A	DETAIL FOR SELECTED AUTHORIZED REPRESENTATIVE	01/08/98		
ADD/UPDATE		11:29:10		
AUTH REP#: 000011 SSN: 123456789 DELETE STATUS: ("Y" IF DELETE SCHEDULED)				
FIRST:	GOLD	MI:	LAST: METAL	SUFF:
ADDR1:	252 OLYMPIC DR		ADDR2:	
CITY:	RALEIGH	STATE:	NC	ZIP: 27603
PHONE:	919 733 2100	SEX:	F	RACE: W DOB: 09 07 1952
PGM VIOL:	PGM VIOL BEGIN:			
DTC#	DTC NAME	DTC#	DTC NAME	
MESSAGES: ***AUTH REP UPDATED				
ENTER TO PROCESS PF2: ASSIGN REP TO FSIS ID PF3:PREV SCREEN				
PF5 :SHOW CASES PF7:BKWD PF8:FWD PF12:MAIN MENU				

**8. Updating An Authorized Representative For a Drug Treatment Center**

Updating an authorized representative for a drug treatment center uses the same procedures as those used for updating an authorized representative. Key '2' in the SELECT AN OPTION field. Press Enter.

Key the data you wish to change.

Press Enter to update. The screens are different.

The system displays the message at bottom of the screen, \*\*\* AUTH REP UPDATED.

**9. Updating Authorized Representative for FSIS ID**

Key '3' in the SELECT AN OPTION field and the FSIS CASE ID. Press Enter.

The following screen appears.

North Carolina Department of Health and Human  
Division of Social Services  
Economic Independence Section  
Food Stamp User's Manual

**Change #1-2011      AUTHORIZED REPRESENTATIVE (SLAR AND SLAI)      August 1, 2011**

SLA313A	UPDATE AUTH REP/ADTC UPDATE	01/08/98 12:26:55
AUTH REP#:000011 SSN: 123456789 DELETE STATUS:_(“Y” IF DELETE SCHEDULED) FIRST: GOLD_____ MI:_ LAST: METAL_____ SUFF:_____ ADDR1: 252 OLYMPIC DR_____ ADDR2:_____ CITY: RALEIGH_____ STATE: NC ZIP:27603_____ PHONE: 919 733 2100 SEX: F RACE: W DOB:09 07 1952 PGM VIOL: PGM VIOL BEGIN: FSIS ID: 123456789 HOH: JOHN M. DOE COUNTY: 92 ACTIVE/INACTIVE STATUS: A OVERRIDE: OVERRIDE DATE: AUTH TYPE: U (APPLIC = A, USAGE=U, BOTH=B) PROHIB STATUS: PROHIB NOTICE SENT: PROHIB BEGIN: ADD DATE: 12 23 1997 UPDT DATE: 01 08 1998 INACT DATE: LAST RACF ID: TS36PXX		
MESSAGES: ENTER: PROCESS PF3: PREV SCREEN PF7: BKWD PF8:FWD PF12: MAIN MENU		

**NOTE:** EBTIS picks up changes and send to eFunds only when you activate or inactivate an A/R or when a change of address or name of A/R is requested.

You may only update the following fields.

- a. ACTIVE/INACTIVE STATUS
- b. AUTH TYPE
- c. PROHIB STATUS

Key the data you wish to change. Press Enter to update.

The system displays the message at the bottom of screen, 313-UPDATE SUCCESSFUL.

**NOTE:** When a FSIS case closes and an authorized representative is assigned, the authorized representative must be inactivated. The worker must inactivate the authorized representative. The system does not automatically inactivate.

**B. SLAI (INQUIRY ONLY)**

**1. Purpose Of the SLAI Transaction**

The SLAI inquiry transaction allows you to view the current information for an authorized representative, an authorized representative for a drug treatment center, or an authorized representative for a specific Food and Nutrition Services case (using the FSIS case ID).

**2. Accessing the SLAI Transaction**

Log onto SCC1CICS (CICSSCC1 for TCIP sessions). From the Food Stamp Inquiry Menu, key an 'S' beside item number.

North Carolina Department of Health and Human  
Division of Social Services  
Economic Independence Section  
Food Stamp User's Manual

**Change #2-2006**

**AUTHORIZED REPRESENTATIVE (SLAR AND SLAI)**

**September 1, 2006**

Press Enter. The following screen appears.

SLA310A	AUTHORIZED REPRESENTATIVE SYSTEM INQUIRY	01/07/98 16:16:38
SELECT AN OPTION: _		
1. INQUIRY ON AN AUTHORIZED REPRESENTATIVE 2. INQUIRY ON AN AUTHORIZED REP FOR A DRUG TREATMENT CENTER 3. INQUIRY AUTHORIZED REPRESENTATIVE FOR FSIS ID: _____		
MESSAGES:		
PRESS 'ENTER' KEY TO PROCESS		PF3: CANCEL

Key '1,' '2,' or '3' in the SELECT AN OPTION field as appropriate. If '3' is entered, enter the FSIS case ID. Press Enter.

The requested screen displays the most current information for the authorized representative based on the option you selected.

**NOTE:** The system displays messages and function keys at the bottom of the screen. Read these carefully before proceeding to the next screen.

North Carolina Department of Health and Human  
Division of Social Services  
Economic Independence Section  
Food Stamp User's Manual

**Change #2-2006      AUTHORIZED REPRESENTATIVE (SLAR AND SLAI)      September 1, 2006**

**C. MANAGEMENT REPORTS IN NCXPTR**

The following reports are available in X/PTR. Follow current procedures in accessing these reports.

<b>REPORT NUMBER</b>	<b>RMDS NAME</b>	<b>DESCRIPTION</b>	<b>FREQUENCY</b>
SLA868EP-01	DHRS LA SLA868-01-68 FSIS ID ASSGN	FSIS cases assigned to authorized rep	DAILY
SLA868EP-02	SLA868-02-71 CASE IN ADTC	FSIS cases assigned to ADTC	DAILY
SLA869EP-01	DHRS LA SLA869-01-69 REPS OFF PRO	Authorized reps coming off prohibited status	WEEKLY EVERY MONDAY
SLA870-01	DHRS LA SLA870-01-80 FSIS IN/OUT	FSIS cases entering or leaving a drug treatment center today	DAILY
SLA871EP-01	DHRS LA SLA871-01-81 REPS PGM CHG	Reps whose program violation status has changed	WEEKLY EVERY MONDAY
SLA872EP-01	DHRS LA SLA872-01-83 REC ADD PEN	Records added to the Pending file	DAILY/MONTHLY
SLA874EP-01	DHRS LA SLA874-01-84 PENDING ISS	Pending Issuances report	SAME
SLA875EP-01	DHRS LA SLA875-01-85 PENDING DISB	Pending disbursements report for ADTC's	SAME
SLA876EP-01	DHRS LA SLA876-01-86 PEN REC CAN	Pending Records Canceled	SAME
SLA877EP-01	DHRS LA SLA877-01-87 REC NO MAT	Cancellation Records not matched	SAME
SLA878EP-01	DHRS LA-SLA878-01-88 DUP STMP RE	Duplicate stamp records report	SAME
SLA415EP-01	DHRS LA-SLA415EP AUTH REP/FS CASE	Active Food Stamp Cases with Auth Rep(s).	MONTHLY

**D. LOGOFF PROCEDURES**

1. From a clear screen, key '**LOGOFF**'.
2. Press Enter.